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CONFIRMATION NO. 4853

<b>SERIAL NUMBER</b> 10/643,995	<b>FILING OR 371(c) DATE</b> 08/20/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3609	<b>ATTORNEY DOCKET NO.</b> 06017.0012-00000
<b>APPLICANTS</b> Howard Winklevoss, Greenwich, CT; ✓ James Spaide, New Canaan, CT; ✓ Debbie Benner, Fairfield, CT; ✓ Mark Tillman, Stamford, CT; ✓ Martin Krone, Westport, CT; ✓				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/433,762 12/17/2002 ✓				
<b>** FOREIGN APPLICATIONS *****</b> NONE ✓				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/13/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 46 ✓	<b>TOTAL CLAIMS</b> 40 ✓
				<b>INDEPENDENT CLAIMS</b> 6 ✓
<b>ADDRESS</b> 22852				
<b>TITLE</b> Method and system for determining benefits				
<b>FILING FEE RECEIVED</b> 1362	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	